

MONTANA DPHHS EDI PROVIDER ENROLLMENT FORM



Please return to:
ACS-Inc
ATTN: MT EDI
PO Box 4936
Helena, MT 59604
Or fax to 406-442-4402



Montana ACS EDI Provider Enrollment Form Instructions

If a provider is submitting to ACS EDI Gateway, Inc. and wishes to retrieve their own responses from the Host Data Exchange (HDE), the *Montana ACS EDI Provider Enrollment Form* is to be completed. The provider does not need to complete the *Provider Billing Agent/Clearinghouse ACS EDI Gateway, Inc. Authorization form*.

If a provider allows a billing agent/clearinghouse to submit and retrieve on their behalf, only the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* is to be completed.

If a provider allows a billing agent/clearinghouse to submit transactions on their behalf, but the provider wishes to retrieve their own responses, including the 835 Remittance Advice, both the *Montana ACS EDI Provider Enrollment Form* and the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* should be completed.

The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* precedes the *Montana ACS EDI Provider Enrollment Form* in the attached document.

Instructions for completing the *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form*

The *Provider Billing Agent/Clearinghouses ACS EDI Gateway, Inc. Authorization Form* must be completed in its entirety and must include the signature of the provider or the provider's representative.

Section A. Provider Information

Please complete the demographic information. This is required.

Please enter your Federal Tax ID Number. A Group Provider should have the same Federal Tax ID Number for all providers it supports. This is required

Your email address is optional and will be kept confidential.

Section B. Authorization Signature (required)

Please complete with the appropriate information. If you are authorizing a billing agent/clearinghouse to retrieve your electronic responses, please check which responses you are authorizing for retrieval.

The provider or the provider's representative must print their name, sign their name, and date the form.

1.800.987.6719 (phone) 1.406.442.4402 (fax)

www.acs-gcro.com

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Please use the following instructions when completing the Montana ACS EDI Provider Enrollment Form.

Section 1. Classification.

Please indicate whether you are an individual provider, a group provider, individual pharmacy, Branch Pharmacy, or corporate headquarters pharmacy. **This field is required.**

Section 2. Submission Method (This section is not applicable to pharmacies).

Please indicate how you will be submitting your electronic transactions. **This field is required.**

Section 3. Provider Information.

Please complete the appropriate provider information. **These fields are required.**

Please enter your Federal Tax ID Number. A Group Provider should have the same Federal Tax ID Number for all providers it supports. This is required

Your email address is optional and will be kept confidential.

Section 4. Montana Submitter ID.

If you are currently submitting electronic transactions to Montana FAS, please indicate your 7-digit submitter ID. This is your Montana DPHHS submitter ID assigned by FAS.

Section 4a. Submitter/Trading Partner ID.

If you are currently submitting electronic transactions to ACS EDI Gateway, please indicate your 5-digit submitter ID or 6-digit trading partner ID.

Section 5. Contact Information.

Please indicate specific contact person and additional contact information, if different from the provider information in Section 3 above.

Section 6. Provider Using a Software Vendor, Billing Agent, or a Clearinghouse (This section is not applicable to pharmacies).

If you have indicated that you will be using Vendor Software, a Billing Agent, or a Clearinghouse, please complete section 6a.

WINASAP2003 users do not need to complete this section.

Sub-section 6b. Provider Using a Software Vendor.

If you have indicated that you are a provider and plan to submit transactions with vendor software, please complete the following field.

Sub-section 6c. Submitter/Trading Partner ID Number.

If your Software Vendor/Billing Agent/Clearinghouse is currently submitting electronic transactions directly to ACS EDI Gateway, please indicate their ACS 5-digit submitter ID or 6-digit Trading Partner ID. You may need to contact your Software Vendor/Billing Agent/Clearinghouse for this information.

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Section 7. Transactions Available for Transmission (This section is not applicable to pharmacies).

If you will be using the WINASAP2003 product, please complete section 7a. If you will be submitting electronic transactions other than WINASAP2003 submissions, please complete section 7b.

Nursing Facility Providers: Choose Transaction 837I (Institutional)

Sub-Section 7a. WINASAP2003 (Replacing ACE\$ Software).

Request for software.

Please indicate how you would like to receive the software and which transactions you will be submitting.

Sub-Section 7b. Standard Transactions (Submissions other than WINASAP2003).

If you will be submitting transactions other than WINASAP2003 transactions, please complete this section. **Providers submitting through a Software Vendor, Billing Agent, or Clearinghouse must complete this section.**

Section 8. Delimiter Information (This section is not applicable to pharmacies).

If you will be submitting X12N transactions directly to ACS, please indicate the alternate delimiter to be used if you are not using the default. **WINASAP2003 users do not need to complete this section.**

Section 9. Electronic Response Retrieval.

Montana Providers will be able to retrieve responses via the Host Data Exchange (HDE). If you would like to participate in this service, please indicate which responses you would like to retrieve via HDE. If you are a pharmacy the only available response available to you is the X12N 835 (Payment Advice)

** Business Service Agreement

Section 10. Additional Provider List.

If you are submitting transactions on the behalf of multiple providers, please supply the provider name and provider number of each additional provider. If you have more than twenty-five (25) providers please contact ACS EDI Enrollment for further instructions at the phone number listed below.